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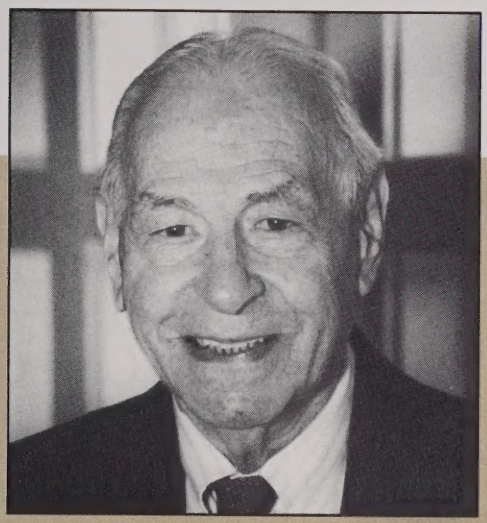

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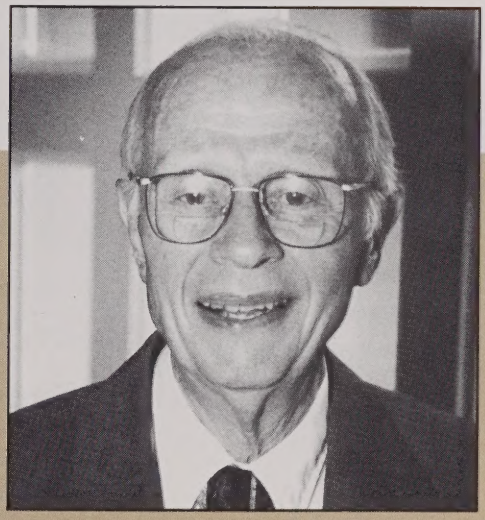

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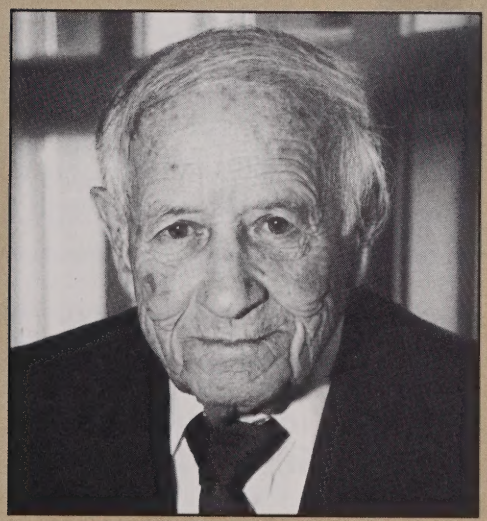

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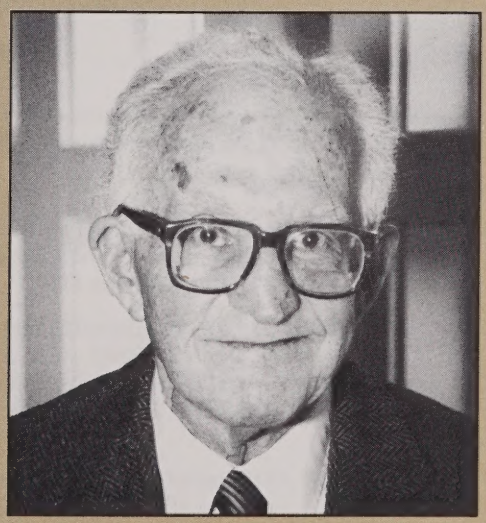

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Hampden Hippocrat

Summer 1998

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The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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MARK YOUR CALENDAR NOW

HAMPDEN DISTRICT MEDICAL SOCIETY 1998-1999 SEASON

DISTRICT MEETING

PLACE: **THE LOG CABIN BANQUET AND MEETING HOUSE**
500 Easthampton Road
Holyoke, MA

DATE: Tuesday, September 15, 1998

BUSINESS MEETING: 6:00 p.m.

SOCIAL HOUR: 6:30 p.m.

DINNER: 7:00 p.m. SPOUSES ARE WELCOME!

SPEAKER: Marylou Buyse, M.D., President
Massachusetts Medical Society

NOTE: If you must cancel your dinner reservation, please call the HDMS office before noon on September 15th. If the cancellation is not made, you will be BILLED for your dinner.

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I shall bring my spouse _____

I shall bring a guest (name)_____

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____ Roast Tenderloin of Beef ____ Broiled Swordfish

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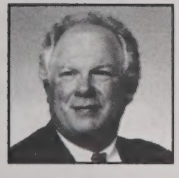

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From The Editor

On our cover we are pleased to honor our fifty year members. They are: Dr. Henry Burkhardt , Dr. Harry Corwin, Dr. William Dorfman and Dr. Sol Gold. Dr. Frank Hurley and Dr. Samuel Klibanoff were also honored as fifty year members this year, although they were unable to attend the Annual Meeting on April 28th. Congratulations to all of them.

At the Annual Meeting Dr. Marcia Angell, Executive Editor of The New England Journal of Medicine, discussed the fascinating topic of Science in the Courtroom. Dr. Angell has written a book on the subject based on the breast implant case, which becomes a "must read" after hearing her speak. Her remarks are summarized in this issue.

Our deep thanks for a job well done go to Dr. Marc Linson, who handed the gavel to Dr. Claudia Koppelman after a successful year. We thank Marc for his time and devotion to our society.

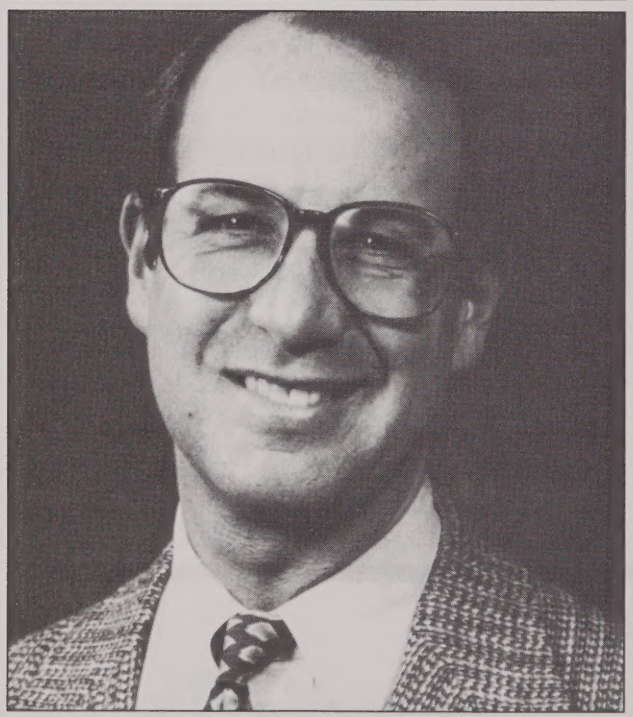
We wish Claudia Koppelman good luck as our incoming President. Claudia will do an excellent job of guiding our society through the challenging year ahead. Dr. Koppelman graciously stepped in to replace Dr. Robert Shepard, who moved to Maryland in January. She will be President of HDMS this year and next and we all say a heartfelt thank you to Claudia.

Dr. Mohan Rao is our new Vice-President. We welcome Dr. Rao to our Executive Committee and know he will be a welcome addition to the meetings.

John J. Papale, M.D.
Editor

"Where Do We Stand"

We must save ourselves, our profession, from the systematic dismantling of our infrastructure and authority. There is little time left, and already, new generations of physicians looking only for employment at any cost, who will not know ever of the right way to behave has begun to take their place in our ranks.



Marc A. Linson, M.D., President

Oddly the same small acts, in Washington, in the late 1960's that expanded medical school classes and probably allowed many of us therefore acceptance, had led to a vastly increased number of doctors and specialists and the developing insecurity that has driven many to accept any arrangement, any scheme, to stay "marketable". With every onerous new deal put forth by for-profit insurers and the government, some so unacceptable that no one should take them, someone always steps forth first to grasp the opportunity and exclude the rest. Jealousy, competitiveness, loss of congeniality, fear of insolvency and rivalry make doctors easy targets for entrepreneurs launching ventures to capture patients and limit care to reduce cost. As I heard said, there seems to be no shortage of "C" students rewriting the text books and guidelines to tell the "A" students what to do. To us, our very ability to go to work in the morning, any work, seems uncertain, let alone the ability to do our work properly and without malicious interference.

What can be of ethics and morality when so many hats are worn by physicians, who may be forced to pay for his patients tests and referrals out of their own pocket. While fee-for-service medicine had it's available abuses, at least patients would get care, often helpful, rarely harmful, rather than no care. We have traveled the road from fee-for-service to fee-for-no-service, and sold-out our patients.

Medicine is too valued and necessary a service for our patients and ourselves to be another business in the marketplace, accountable only to Wall Street with medical entrepreneurs angling for their big score. All of our resources are heading out from patient care, hospitals, research, training, community service towards wildcatters and robber-barons destroying what was once the world's envy, rewriting our procedures and science, not always honestly, and taking with them the last bits of remaining authority we had as physicians.

As a profession, as a person, as doctors, we must ask ourselves "where do we stand"? ■

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News Release

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PHYSICIANS INSURANCE AGENCY OF MASSACHUSETTS DEVELOPS NEW LIABILITY PRODUCT FOR LARGE PHYSICIAN GROUPS

(WALTHAM, MA,) -- The Physicians Insurance Agency of Massachusetts, (PIAM), with the approval of the Massachusetts Medical Society's Committee on Members Insurance, has recently developed a new corporate managed care insurance plan targeted to large physician groups.

As physician groups face competition in the managed care arena, they are responding by forming corporations such as Independent Practice Organizations (IPAs) and Physician Health Organizations (PHOs) to enhance their market position and improve their leverage power to negotiate with HMOs. This consolidation of small independent practices into larger organized businesses may change the level of liability exposure and produce gaps in insurance not covered by the individual physicians' medical malpractice policies.

PIAM is offering an exclusive multi-part insurance product, the **Corporate Managed Care Plan**, which covers the typical exposure areas for a corporation: directors and officers liability, anti-trust charges, errors and omissions liability, employment practices liability and financial loss. Physicians who are interested should call PIAM for more information at 1-800-522-7426.

PIAM was established in 1993 by the Massachusetts Medical Society to address the special insurance and financial needs of doctors. MMS was founded in 1781 and is the oldest continuously operating medical society in the country with over 17,000 physician and student members. The Society also owns and publishes the *New England Journal of Medicine*.

###

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Next Health Care Crisis:

Few Experienced Doctors

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While President Clinton is blithely proposing a huge expansion of the teetering Medicare program, there is a looming health care crisis that has yet to show up on radar. It is not reflected in statistics because it is just beginning to unfold: We are about to lose a whole generation of our most skilled and senior doctors to early retirement.

Early and, in a way, forced. My evidence is anecdotal, but my sources are good. Over the last few years, I have talked to many doctors who graduated medical school in the mid-1970s when I did. They are now in the prime of their medical careers and they are desperate to get out.

Typical is a highly respected cardiac surgeon I saw at Christmas. He is in his 40s. His plan is to leave medicine in his 50s. Most ominous is the fact that every cardiac surgeon in his practice group is trying to do the same.

This is unheard of. With all their skill and training, doctors have traditionally stayed on into their late 60s and even beyond. Most of us can remember a family doctor who died while still practicing. It is not going to be that way anymore.

Why? Three major pressures are driving these doctors to quit. The first is money. These doctors are at the peak of their careers. As they watch similarly situated colleagues in law and business enjoy rising salaries and often exploding compensation, they are getting hammered by the new health care economics. With Medicare decreeing ever shrinking reimbursement – and insurance companies following suit – they find themselves losing ground even as they work harder. Since 1992, for example, real median income for M.D.s has fallen.

Last year a member of my family needed surgery for a serious foot injury. It was a very specialized reconstructive procedure that took several hours to perform. The insurance company sent the surgeon a check for $388. If I'd hired a plumber, he'd have taken home more.

The second cause is the loss of independence. More than money, this is what is driving these senior doctors crazy: some 24-year-old HMO functionary who knows as much about medicine as he does about cartography demanding to know why Mr. Jones, the diabetic in renal failure, has not been discharged from the hospital yet. Dictated to by medically ignorant administrators, questioned about every prescription and procedure, reduced in status from physician to "provider", these doctors want out.

Again, the contrast with sister professions is profound. Lawyers would never put up with a whole layer of bureaucracy telling them how to practice, let alone setting their fees. And no wonder: Lawyers tend to run the legislatures that pass the laws that regulate the professions. Doctors don't.

And finally there is malpractice insurance, another little aggression of the legal on the medical profession. My cardiac surgeon friend devotes about 60 percent of his entire overhead to malpractice insurance alone. Some obstetrician-gynecologists pay $100,000 a year, which accounts for the fact that many towns have no OB-GYNs at all.

Declining income. Lost independence. Confiscatory malpractice insurance. Put them together, and you've got pediatricians and surgeons and orthopedists who have had enough. They will work another five or 10 years to put away something for retirement, and then leave.

Most people will find it hard to shed a tear for hotshot surgeons who complain about making only, say, $200,000 a year. But there is something fundamentally unfair in having people give their youth to years of relentless training and sleepless nights, and then changing the rules on them in the middle of the game. This generation of doctors entered a system that promised compensation and independence commensurate with their skills — a deal that, as my doctor friends never tire of pointing out, still holds for lawyers, who charge for every phone chat in six-minute blocks.

Too bad, you say. We need to control health care costs and doctors have to take their hit. Well; it is true that the former rate of growth of health care costs was unsustainable. But we pay a price for the new cost-conscious regime. We may think the price is just rationed care, rushed care, standardized care. But there is another price: inexperienced care, because of the coming dearth of medical elders.

You remain unmoved by the humbling of a formerly sovereign, and often arrogant, profession. OK. Forget the doctors. Think only of yourself. Think of what a health care system loses when its most experienced practitioners — the ones who, having seen it all, won't panic when a major vessel ruptures during surgery — are gone, and peering into your chest, sweat rolling down his mask, is the junior associate. Learning. On you. ■

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Science In The Courtroom

Date: April 28, 1998
Speaker: Dr. Marcia Angell, Executive Editor
New England Journal of Medicine
Topic: Science In The Courtroom

Dr. Marcia Angell, Executive Editor of the New England Journal of Medicine addressed the Hampden District Medical Society at their Annual Meeting held on April 28, 1998 at the Delaney House in Holyoke. Dr. Angell thanked the members for the opportunity to speak to HDMS, saying that she felt that we're all family.

Dr. Marcia Angell

Dr. Angell spoke about Science in the Courtroom. She said her interest in this stems from her work at the Journal and in particular from a book that she wrote during a 4 month mini-sabbatical in 1995. The book is called, "Science on Trial: The Clash of Medical Evidence and the Law in the Breast Implant Case". In the book, which was published in 1996, Dr. Angell used the controversy over silicone gel for breast implants as a springboard to explore the reasons for the growing disconnect between the way scientists and physicians approach a question of biological fact such as whether breast implants cause disease and the way that same question is handled by the courts, by the media and by public opinion. In writing the book Dr. Angell learned a great deal about our legal system. Dr. Angell said she wanted to share her thoughts about why it can be so troublesome for scientists to be involved in the courts.

She began with a short recapitulation of the breast implant story before going on to talk about the law and lawyers. She said by 1992 when FDA Commissioner David Kessler banned silicone gel for breast implants, breast implants were generally assumed to be dangerous by the public and the media. There was very little skepticism about it. It was taken almost as a "given" that breast implants caused systemic disease. At the time of the ban there had already been extensive television and press coverage of the breast implant controversy at congressional hearings that were also marked by a general acceptance of the proposition that breast implants were dangerous. There had been several multi-million dollar jury verdicts based on the premise that breast implants caused disease elsewhere in the body. Dr. Angell said that everyone knew they could rupture occasionally, that they could scar excessively and produce contractures, but what was at issue was systemic disease.

Dr. Angell said that after the ban, there were thousands of lawsuits filed, a lot of out-of-court settlements and eventually the situation culminated in the largest legal class-action settlement in history in 1994. The manufacturers agreed to set aside 4.25 billion dollars for all women who had breast implants. As it turned out about 500,000 women registered in this class action settlement that ultimately collapsed because it could not cover a half a million women.

Dr. Angell said that while all this legal and political activity was unfolding, there was not one shred of credible scientific evidence linking breast implants with any disease. The first study of the question was published in The New England Journal of Medicine in June of 1994. This was a full two years after the FDA ban and two months after the class action settlement was announced. Dr. Angel said that since 1994 there have been about 15 other clinical studies and none of them were

able to find any connection between breast implants and disease.

Dr. Angell said that what happened with breast implants has happened with other products, other alleged hazards. She said it happened with Agent Orange, Bendectin (the morning sickness drug that was taken off the market) and with electromagnetic fields.

She said she wanted to discuss the influence of the legal system on the breast implant case and these other cases. Dr. Angell said she has found in speaking to lawyers and judges and doctors and scientists, an almost unbridgeable gulf between science and medicine on one hand and the law on the other.

She gave a brief review of some legal definitions. She said a tort is a harm that a victim, known as a plaintiff, sues to get monetary damages for. Torts include malpractice, other personal injury, and private liability cases. She said Bendectin, the Dalkon Shield, Breast Implants and Norplant are some examples of what are called toxic torts.

"Dr. Angell said there have been changes in our legal system in the past couple of decades that have been sharp departures from the legal way that things were done before that time."

Dr. Angell said there have been changes in our legal system in the past couple of decades that have been sharp departures from the legal way that things were done before that time. For one thing, the concept of strict liability has gained acceptance. This is a concept whereby a manufacturer in a product liability case is liable even if he was not negligent and could not have been expected to know about the harm that would be caused. All that is necessary is that this product caused harm. She said the awards then are compensatory for the plaintiff. There are economic awards and there are non-economic awards which are known as pain and suffering. Dr. Angell said that if in addition to strict liability, which is simply that this product caused harm in these plaintiffs, it is found that the manufacturer was negligent, fraudulent or that there was malice, there may also be punitive damages added to the compensatory damages. These can be enormous because the whole point of them is to punish the manufacturer by awarding damages to the plaintiff that are so large that the manufacturer will feel it. She said strict liability is new, and another newcomer in law is mass torts. Mass torts are multiple cases that involve essentially the same elements. In the wake of the emergence of many mass torts, there grew up a new practice called class actions. Dr. Angell said actions involve mass torts coming to one tort with a case brought by a few plaintiffs who represent all of the others, and a few lawyers who represent the whole class. The first of the large product liability class actions was asbestos.

Dr. Angell said law suites can be settled out of court, either before or after they come to court, before there's a verdict. Class actions can also be settled before they come to court.

She said the United States has a unique tort system, and the special peculiarities of our tort system contribute to the extremely high number of tort cases, law suits, mass torts and class actions that we've been seeing in the last twenty years or so. Dr. Angell said the peculiar features of the American tort system are that we are the only country that pays plaintiff's attorneys contingency fees. These attorneys get 30 to 40% of whatever they can get for their claims. This leads to an incentive to invest in a case even before you have a client. To put a lot of resources, time and money into developing a "one size fits all" case, and then advertising for clients.

Dr. Angell said a second peculiarity of our tort system is that we are the only country that uses juries to try these civil cases. The juries are expected to be able to listen to the expert witnesses on both sides and make a highly technical decision. No other country asks juries to do this. Dr. Angell said that both plaintiff and defense attorneys have jury consultants who tell them who they should select and they then have a jury that is tailor made.

Dr. Angell said the third and most important peculiarity of our court system is that the expert witnesses on both sides are chosen to represent the most extreme point of view possible. They will surely say whatever their attorney wants them to say and their opinions don't have to be based on any scientific evidence. Their opinion can be little more than an educated guess and that opinion becomes the evidence. She said this is the very opposite of science. In science nobody's going to believe you unless you can produce evidence that shows it's true.

Continued on next page

Annual Meeting

Continued from previous page

The fourth peculiarity is defendants pay even if they win in a court case. They have to pay the costs, even if they are successful in defending themselves. They also have to pay to settle if they don't want the case to come to court.

Dr. Angell said we have a tort system that is extremely friendly to plaintiff's attorneys,and it is easy to regard plaintiff's attorneys who exploit this system as greedy and unscrupulous. However, she said she has become convinced that much of the problem stems from genuine differences in the way scientists and lawyers think about science.

Dr. Angell said that what is emphasized in choosing expert witnesses and in permitting them into the courtroom is credentials. Credentials are what matters and if you have minimally accepted credentials you can say whatever you want. In science you have to have the data. You have to have a study capable of answering the questions. Conclusions must be the conclusions that flow from the data and no other.

Dr. Angell said the adversarial system may work well for some kinds of questions, but it doesn't work well for scientific questions. She said science is a cooperative, collegial enterprise in which everyone builds on everyone else's work and eventually hopes to come to a consensus that is strong enough to be useful for practical purposes. The adversarial system has no meaning in science.

She said another difference is that lawyers and judges tend to believe that scientific questions can be answered by one definitive study, but there is almost no such thing as a definitive study that changes everything or discovers everything. In the breast implant case there was a subtle shift in the burden of proof. The burden of proof in the FDA was on the manufacturers to prove a device is safe. When the FDA took breast implants off the market it was not because they'd been found dangerous, but because they had not fulfilled their legal obligation to show that they were safe. That is the burden of proof to the FDA. In the courtroom the burden of proof was shifted to prove that they don't cause disease, not prove that they do.

Finally, Dr. Angell said people believe that judges are expert in everything. That even if a jury can go wrong, the judge can set the jury straight. The Supreme Court had dealt with this subject in recent years. There have been two important cases that have served to make judges take more responsibility for the expert testimonies that they admit into the courtroom. Judges have always had the right to call expert neutral witnesses for the court that will work for them and not either of the adversaries. In recent years some very important judges have done this. They asked experts who have no known financial interest in either outcome to tell them about the state of the scientific knowledge on the subject. One of these judges was Judge Robert Jones, a judge in Oregon, who a few years ago chose a panel of four experts. He had them work with experts on both sides for several days and on the basis of what they heard and what they knew, prepare a report for him saying what they thought about the expert testimony. The Supreme Court had said that it is up to judges to admit only the expert testimony that they deem both reliable and relevant. On the basis of the written report of this panel, Judge Jones threw out all the cases. He said he had heard no testimony for the plaintiffs that was reliable and relevant. At the same time, an Alabama federal judge, who was overseeing all of the breast implant litigation in Federal Courts in the country, and the new class-action settlement, announced his intention to do something very similar and he too chose four experts. Last summer these experts were able to cross examine the expert witnesses on both sides. On the basis of their opinions, the judge intends to depose them and make their reports available as evidence in the cases throughout the country. This panel is due to issue its findings any minute. It will be tremendously important. Dr. Angell said she is hopeful that with the actions of these judges, we may be seeing some reconciliation between the two cultures. She felt we may be seeing some recognition that there really are three questions to be answered in these cases:

1. Is the patient sick?
   This is a clinical judgement, not a legal judgement.
2. Did the product cause the illness?
   This is a scientific judgement, not a clinical or legal judgement.
3. If those two questions are answered yes, then you address the legal questions.
   Who was responsible? Was there negligence? Should there be punitive damages?

Dr. Angell said it has to be approached in this way. She felt that the judges have started on this course and she is hopeful that there will be some reconciliation. ■

Photos of the H.D.M.S. Annual Meeting

▲**Above:** Marc A. Linson, M.D. and Claudia L Koppelman, M.D.

Right: ▶
Dr. Marcia Angell and HDMS Officers

◀ **Left:**
50 Year members and their families

Photos by Shuback Photography

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- issues relating to the sale of your practice
- structuring employment, partnership and shareholder agreements for group practices?
- malpractice claims due to inadequate informed consent?
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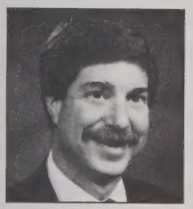

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Dr. Henry C. Lee

Medico-Legal Dinner

The Sixth Annual Forum for Physicians and Attorneys sponsored by the HDMS Medico-Legal Committee, was held on April 23, 1998 at The Delaney House in Holyoke. Dr. Henry C. Lee, the speaker for the evening , was welcomed by Attorney John Bagley, Co-Chair of the Medico-Legal Committee and Dr. Claudia Koppelman, incoming HDMS President.

To a crowd of 200, Dr. Lee, Professor of Forensic Science, held forth with a very funny speech and slide show liberally spiced with humorous comments about himself and his colleagues.

Not just polite smiles but real laughs greeted Dr. Lee's fast paced showmanship. John Bagley was winner of the door prize, handed to him by Dr. Lee, himself.

Dr. Lee told a story about his testimony during the O.J. Simpson trial, when he testified for the defense. It seems the prosecution was having a tough time poking holes in his findings and attacked his ruler. The ruler apparently was 1/1000th of an inch off a national standard for measurement. Dr. Lee said three Ph.D.s took his ruler to Washington, D.C. and studied it for three weeks. The measure wasn't enough to compromise his findings and he told this to the jury. However, a strange thing happened after this story appeared in the news. Dr. Lee began to receive letters from people requesting a ruler. He said one man actually offered him $80 for the ruler. At this point, he pulled the ruler out of a pocket and handed it over to John Bagley, telling him he won the door prize. Believe it or not the HDMS office actually had several calls asking how to get a Henry Lee Ruler!

Dr. Henry Lee and Dr. Claudia Koppelman

Dr. Lee and Dr. Alicia Ross

Some serious statements by Dr. Lee told that 36 people convicted of crimes have been exonerated using DNA technology. The new tests, called STR for short tandem repeat, will replace current technology, will be more informative and easier to get the results. Dr. Lee said new tools in the rapidly evolving arsenal of criminalists are critical to keep the public's trust in solving crimes. He said forensic scientists report scientific fact for the defense and prosecution. Dr. Lee said, "We report the facts and let the chips fall where they may."

Dr. Lee said 37 states have DNA data bases and several others are planning for them. Only three states, including Massachusetts, do not have data bases. Dr. Lee has worked in Bosnia as part of an

international team that attempted to identify people in mass graves. He worked on the ValuJet Flight 592 which went down in the Florida Everglades in 1996. He worked with Whitewater Independent prosecutor Kenneth Starr during the investigation of the 1993 death of White House deputy council Vincent W. Foster, Jr. He recently traveled to Denver, Colorado to work on the JonBenet Ramsey Case and is part of a current probe of the John F. Kennedy assassination.

Dr. Lee was recently called back to Bosnia this time for a ceremony to honor him. Dr. Lee told the people at the ceremony that, "We must learn from history. We must love and help each other, then this world can be a better place to live." During a rousing, standing ovation for Dr. Lee, members of the Medico-Legal Committee were overheard to say, "How are we going to top this next year? ■

◀ **Left:** Dr. Lee and Police Chief Paula Meara

Right: ▶ Discussion During Dinner

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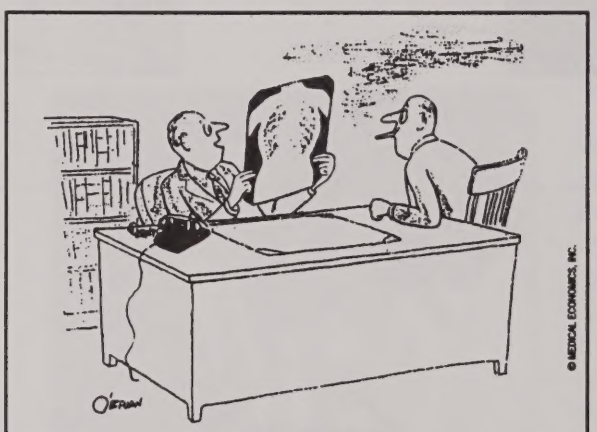
Public Health Committee

As Dr. Francis Riley and I left the Hampden District Medical Society's offices one afternoon recently, we met a young lady standing on the back steps of the building in the cold fresh air (1111 Elm Street is a "Smoke Free Building"). It was too much for me, so I accosted her by describing this article's cartoon, and asking her if she'd seen it, although I was quite certain that she hadn't, and I then proceeded to give her lecture #1, on the hazards of smoking, about which she was completely aware, as are most people who smoke. However, it has been well established that most smokers are strongly motivated to stop smoking if/when their family physicians urge them to quit.



"Good news . . . You don't have to give up smoking. It's too late."

Let us applaud the new Surgeon General, Dr. David Satcher, who during his acceptance speech, referred to the more than a thousand teenagers who start smoking EVERY DAY, and who are the source of adults who are addicted to cigarettes (and who develop lung cancer, heart disease, etc.) and so saying vowed to devote himself to the task of preventing teenage smoking. It is a most important endeavor! We are reminded of the 1964 Surgeon General Terry's report on the Hazards of Smoking (a Landmark report!). In that one we had our first OFFICIAL WORD on the high incidence of CANCER OF THE LUNG, and of CORONARY HEART DISEASE among smokers, and we now know that it is true for both male and female; it is frightening, but well established that the incidence of coronary heart disease in women is essentially the same as it is in men, with similar etiology.

It is also well known that women are like Mark Twain: they find it easy to stop smoking, -- they've done it hundreds of times!

We can be grateful that the tobacco company executives are now admitting to having knowledge/responsibility for the manipulation of nicotine levels in cigarettes with the intent of occasioning addiction.

I am grateful that we have smokefree meetings now; I well remember attending the Clinical-Pathological conferences at the old Wesson when I was first in practice (in the early 50's) where the air was blue with smoke, and the case being presented was a cancer of the lung. It was in 1932 that Dr. Evarts Graham, a thoracic surgeon, first opined that so many of his patients with cancer of the lung were smokers, that perhaps there was a causal relationship there. Only recently has it been established that even "side-stream" (second hand) smoke is hazardous to your health. ■

Lew Whiting, M.D.
Public Health Committee

New Members Welcome

Lawrence H. Bernstein, M.D.
Jewish Geriatric Services
770 Converse Street
Longmeadow, MA 01106

Born: June 19, 1945
Medical: Tufts University School of Medicine 1971
Internship: Boston City Hospital 1971-1972
Residency: Highland Hospital, Rochester, NY 1972-1974
Specialty: Family Practice

Milagros Valentin, M.D.
Providence Hospital
1233 Main Street
Holyoke, MA 01040

Born: December 21, 1960
Medical: State University of New York at Buffalo 1991
Internship: State University of New York at Buffalo 1991-1992
Residency: State University of New York at Buffalo 1992-1993
University of Florida 1993-1995
Specialty: Psychiatry

Susheel V. Atree, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: June 16, 1969
Medical: Hahnemann University School of Medicine, PA 1992-1996
Internship: Baystate Medical Center 1996-1997
Residency: Baystate Medical Center 1997-1999
Specialty: Internal Medicine
Resident

Frank M. Clark, M.D.
Springfield Anesthesia Service
P.O. Box 1330
Springfield, MA 01101

Born: June 20, 1961
Medical: University of Illinois at Chicago 1992
Internship: Illinois Masonic Medical Center 1992-1993
Residency: University of Michigan Medical Center, PA 1993-1996
Fellowship: University of Michigan Medical Center, PA 1996-1997
Specialty: Anesthesiology/Pain Management

Jonathan L. Klatt, M.D.
Springfield Anesthesia Service
908 Allen Street
Springfield, MA 01118

Born: October 28, 1967
Medical: Medical College of Wisconsin 1993
Internship: St. Luke's Medical Center, WI 1993-1994
Residency: Baystate Medical Center 1994-1997
Specialty: Anesthesiology

Mark Sloan, M.D.
Springfield Anesthesia Service
P.O. Box 1330
Springfield, MA 01101

Medical: State University of New York at Buffalo 1985
Internship: University of Massachusetts Medical Center 1985-1986
Residency: University of Massachusetts Medical Center 1986-1990
Fellowship: Hospital for Sick Children, Toronto, Canada 1990
Specialty: Anesthesiology

Continued on next page

New Members Welcome

Continued from previous page

Craig E. Foster, M.D.
Springfield Anesthesia Service
P.O. Box 1330
Springfield, MA 01101

Born: August 23, 1996
Medical: State University of Connecticut School of Medicine 1992
Internship: University of Connecticut 1992-1993
Residency: Hartford Hospital 1993-1996
Fellowship: Baystate Medical Center 1996-1997 (Chronic Pain)
Specialty: Anesthesiology/Chronic Pain Management

Rajesh S. Khona, M.D.
Springfield Anesthesia Service
908 Allen Street
Springfield, MA 01118

Born: November 10, 1958
Medical: J.N. Medical College, India 1985
Internship: St. Raphael's Hospital, CT 1990-1991
Residency: St. Raphael's 1991-1993
Boston University Medical Center 1993-1994
University of Connecticut Health Center 1994-1996
Specialty: Anesthesiology/Internal Medicine

Michelle S.C. Khoo, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: October 6, 1969
Medical: Trinity College, University of Dublin, Ireland 1989-1994
Internship: Baystate Medical Center 1997-1998
Residency: Baystate Medical Center 1998-2000
Specialty: Internal Medicine
Resident

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In Memoriam

Setrag Aram Zacarian, M.D., 1922-1998

Setrag Zacarian had an illustrious medical career. He was acknowledged world-wide as a pioneer in the study and development of cryosurgery as a new and welcome advance in the treatment of certain skin cancers and other lesions.

He was honored with appointments as Professor of Dermatology at the Tufts University School of Medicine, the Boston University School of Medicine, the Albany College of Medicine and the Yale University Medical School. Set received many national and international awards, including the Outstanding Servant of the Public award, the AMA Physician's Recognition award and a Presidential Citation from the American College of Cryosurgery.

He served on the editorial boards of the Journal of Cryosurgery, the Journal of Comprehensive Therapy, the Journal of Dermatological Surgery and Oncology and the Journal of Cryobiology. He contributed an outstanding number of original papers and books based on his original research on cryosurgery.

Setrag served as President of the Hampden District Medical Society 1973-1974. He recently retired after 41 years of dermatology practice.

Set was unique. He literally lighted up the sky like a brilliant rainbow with his warmth as a human being. He had an intellectual capacity which seemed infinite with his love of music, art and literature.

Setrag would totally commit himself to the treatment of his patients and still find the energy for research and development of the field of cryotherapy.

With all of this he still made time for love of family and friends which in turn sustained his daily life in the most meaningful way. He was a total man, an example to each and every one of us.

Setrag leaves his wife of 51 years, Aroxy (Ovian) Zacarian, his son Matthew of Amherst, his daughters Christine of Andover, Caroline of Clayton, MO, and Elizabeth of Orange, NJ, nine grandchildren, and a sister A. Diana Zacarian of Boston.

I thank Dr. Joseph Corcoran for his contributions to these words in his deeply heart felt and eloquent eulogy given at the church funeral service April 20, 1998. ■

Rocco A. Verrilli, M.D.

Tribute To Dr. Setrag A. Zacarian

I am Stanley Glazer and worked with Set for twenty years. You may know about Set's love of music and in particular the violin, writing and in particular poetry, dedication to civic activity in Rotary Club, and true devotion to his family. I would like to tell you about his professional life having worked by his side for many years.

Set started a solo dermatology practice here in Springfield in 1954. During his early years, he combined clinical practice with a research interest in Cryobiology; the effect of cold temperatures on tissue. Collaborating with other researchers, he applied these principles to clinical practice and created the discipline of Cryosurgery. Cryosurgery entails the application of cold (primarily liquid nitrogen) to destroy growths and tumors of the skin. It is a major treatment modality used by dermatologists around the world. Recognized as a founder and expert in this field, he authored numerous scientific journal articles and textbooks and chaired many scientific meetings.

He was extremely philanthropic of his time and expertise and gladly welcomed anyone wanting to learn these techniques to visit with him in his office. Frequently, he would extend these invitations to include a stay at his home as well. His philanthropy extended beyond teaching to include rendering free medical care at area hospitals and clinics and frequently to his own private patients. Even though he was officially retired from private practice, he continued to donate his time seeing patients at the dermatology clinics at the Holyoke Veterans Hospital and Baystate Medical Center.

His beside manner was unique, old fashioned, and gentlemanly and I say that with admiration. He could be seen personally ushering his patients in from the waiting room to his exam room, helping them take off and put on their coats, and escorting them out again. He treated his office staff similarly frequently helping them with office chores and showing his appreciation for their dedication by taking them out to lunch. He liked that personal touch.

When you read his medical charts, the social and family history recorded was often times as extensive as the medical history. You could learn where the patient had travelled, their

Continued on page 19

Book Review

Gatekeeping in the Intensive Care Unit
by Martin A. Strosberg and Daniel Teres, 272 pp, $38.00, Health Administration Press, Chicago, 1997.

This book is likely to be the most exciting book of the year for anyone who is involved with the tough decisions of critical care. In the United States, where critical care is not recognized as a specialty, there is a high level national leadership crisis affecting healthcare, i.e, no one seems to be in charge. Unfortunately, the forces that control the intensive care unit (ICU) population may have little to do with identifying factors that justify medical need or potential clinical benefit to the patient. Frequently, the ICU directors are not fully in control of patient care and are faced with the political turmoils of hospital power plays, staffing shortages, ethics committees, family dynamics, administration, and a mandated duty to triage patients for ICU admission. Now two acknowledged experts on ICU management have produced a guide to the perplexed to help us out of the quagmire, or at least to make some of our decision-making more comfortable. Many of their previous contributions are brought together into one comprehensive document, with much of the guideline material produced by various bodies, most notably the Society of Critical Care Medicine.

The main text is divided into six chapters. The first part of the book provides a definition of the problems in getting the best value out of ICUs, some background on critical care medicine, and demographic information on how the resources and responsibility for patient care are distributed in the United States. The authors then examine the effectiveness (or lack thereof) of most of the prognostic indices in relation to the probability of survival of the individual patient. There is a very incisive chapter describing who the real decision makers are (and the other players) and the forces, both fiscal and medical, which influence the allocation of the resources. Every ICU director will empathize with the scenario regarding the last bed in the ICU. The scenario begins with discussion of the case histories of six patients and how these patients were treated and how they should have been treated. This chapter then winds up with sections on management and public policy, and includes a discussion on futility and an analysis of the Oregon Plan.

The book ends with some very useful appendices on guidelines for admission, discharge, and triage policies, and examples of such policies, criteria, and assessment scales. The rapid ethics evaluation is very intriguing for its common sense and simplicity, as is the suggestion that role playing and simulation be used as a form of rounds. There is no index, but this did not seem inappropriate to the reviewer.

Each chapter is a mine of useful and up-to-date information. There are flow charts, diagrams, and inserts (referred to as "exhibits"),

Continued on page 20

Provider, Harvard Pilgrim, MCC; Insurance and Medicare Accepted for Covered Services.

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Joann Lutz, L.I.C.S.W.

1998 Alumna, Harvard Medical School, Clinical Training In Mind/Body Medicine; Adjunct Faculty, UCONN School of Social Work and Elms College; Certified Advanced Yoga Instructor.

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Tribute To Dr. Setrag A. Zacarian

Continued from page 17

occupation, hobbies, likes and dislikes, and more. Additionally, you could learn as much about the patients' grandparents, parents, siblings, children and grandchildren as you could about the patients themself.

As his practice grew, he took on additional associates including myself and one of his many legacies is New England Dermatology, a group of six dermatologists, and one of the largest non-university affiliated single-specialty dermatology groups in the country. The personal and caring qualities Set imbued have been passed on to his successors and have been a philosophical cornerstone of our practice. Setrag, we thank you for your inspiration and all that you have taught us. We will miss you. Goodspeed and may God bless you. ■

From his friends and colleagues at New England Dermatology, P.C.

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BICENTENNIAL PLAZA

Book Review

Continued from page 18

which relieve the text well and summarize the information presented. Apt examples and vignettes are found throughout the text.

One of the striking features of this book is the enormous contribution the Society of Critical Care Medicine has made in the field of critical care medicine from the very beginning, both by individual members and leadership, in the development of guidelines and the enjoining of intersociety task forces.

The authors are to be commended on their presentation of an enormous amount of information and powerful suggestions in such a concise and readable form. The book is very hard to put down before it is finished. Its target readership is everyone involved in critical care. ■

Christopher W. Bryan-Brown, MD, FCCM
Bronx, NY

Crit Care Med 1998 Vol. 26, No. 1 192

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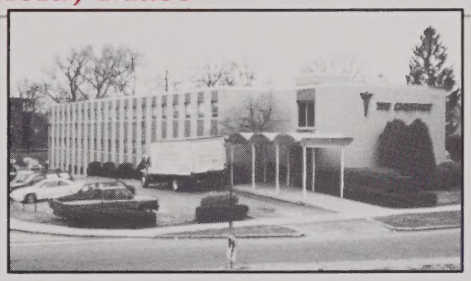

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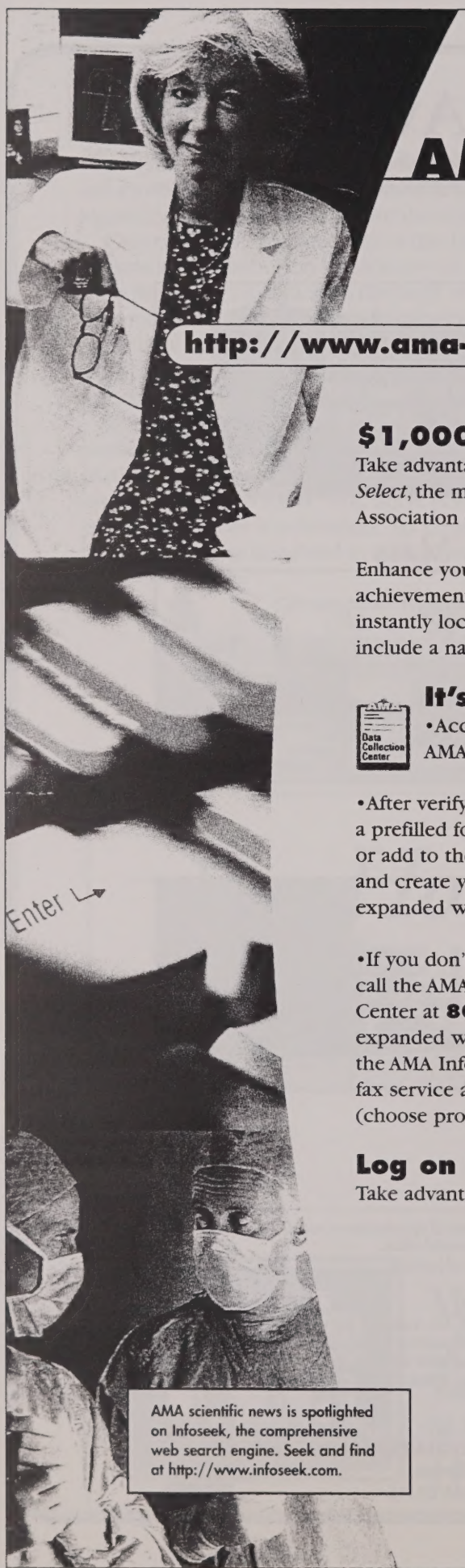

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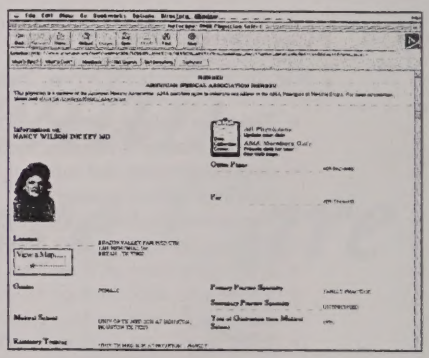

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